

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	Maile	JG 19	03-21-01
O.I.P.E. CLASSIFIER	M.D.W	50	04/14/01
FORMALITY REVIEW	Say	827	4-23-01
RESPONSE FORMALITY REVIEW	jet	917	6-7-01

09811192

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
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15		65		115	
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27		77		127	
28		78		128	
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36		86		136	
37		87		137	
38		88		138	
39		89		139	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

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If more than 150 claims or 10 actions  
staple additional sheet here

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